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SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

BOARD

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index No. <u>120</u>			
ORIGINAL CERTIFICATE OF BIRTH				Co. Register No. <u>195</u>			
Local Registrar's No. _____				(No. _____ St. _____ Ward _____)			
County of <u>Yuma</u>							
District of <u>Yuma</u>							
Town of <u>Copper Hill</u>							
City of _____							
FULL NAME OF CHILD <u>Thelma Alberta Givens</u>							
If child is not named, make Supplemental Report on blank obtainable from local registrar.							
Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth		
<u>Female</u>	<u>Other</u>		<u>1</u>	<u>Yes</u>	<u>June 22</u>	<u>1914</u>	
						(Month)	(Day) (Yr.)
FATHER				MOTHER			
Full Name <u>Jesse E. Givens</u>				Full Maiden Name <u>Cla Stewart</u>			
Residence <u>Copper Hill, Ariz.</u>				Residence <u>Copper Hill, Ariz.</u>			
Color or Race <u>White</u>				Color or Race <u>White</u>			
Age at last Birthday <u>25</u> (Years)				Age at last Birthday <u>25</u> (Years)			
Birthplace <u>Texas</u>				Birthplace <u>Texas</u>			
Occupation <u>Miner</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of above child; and that it occurred on <u>June 22</u> , 1914, at <u>11.30</u> P.M.							
{ *When there is no attending physician or midwife, then the householder should make this return.							
(Signature) <u>[Signature]</u>							
(Attending physician, midwife, householder,*)							
Given or christian name added from a supplemental report _____ 191_____							
Address _____							
Filed <u>July 18</u> 191 <u>4</u>				B. G. Fox LOCAL REGISTRAR.			
Filed <u>July 20</u> 191 <u>4</u>				A True Copy B. G. Fox W. A. COUNTY REGISTRAR.			
372-622-623 COUNTY REGISTRAR.							